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| 05/20/2005 | PEARLCOHEN ZEDEK LATZER, LLP 10 ROCKEFELLER PLAZA, SUITE 1001 NEW YORK, NY 10020 MBEYENE2 00000086 503355 10813108 | | | formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in the cruelope addressed to the Mail Stop ISSUE FEE address above, or being facisimilie transmitted to the USPTO (703) 746-4000, on the date indicated below. | |
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| Ē | APPLICATION NO. FILING I 10/813,108 03-31-2 | | AMED INVENTOR IAHAR, Arie | P-5864-US | CONFIRMATION NO. 5539 |
| | TITLE OF INVENTION: ALL OPTICAL LOGIC GATES | | | | |
| Ε | APPLN. TYPE SMALL EX | ITITY ISSUE FE | PUBLICATION | N FEE TOTAL FEE(S) DUE | DUE DATE |
| - - - | nonprovisional YES | \$700 | \$300 | \$1000 | 07/25/2005 |
| | EXAMINER HEALY, BRIAN | ART UNIT | CLASS-SUBC 385-12200 | | |
| | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed. 1 PEARL COHEN ZEDEK 2 LATZER, LLP 3 | | |
| | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. | | | | |
| | (A) NAME OF ASSIGNEE | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | |
| | Prima Luci, Inc. | • | Harrison, NY | | |
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| | Authorized Signature: | | Date | : May 19, 2005 | |
| | Typed or printed name: Calel Pollack | | Regi | istration Number: 37,912 | |
| | This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pepartment of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | |

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